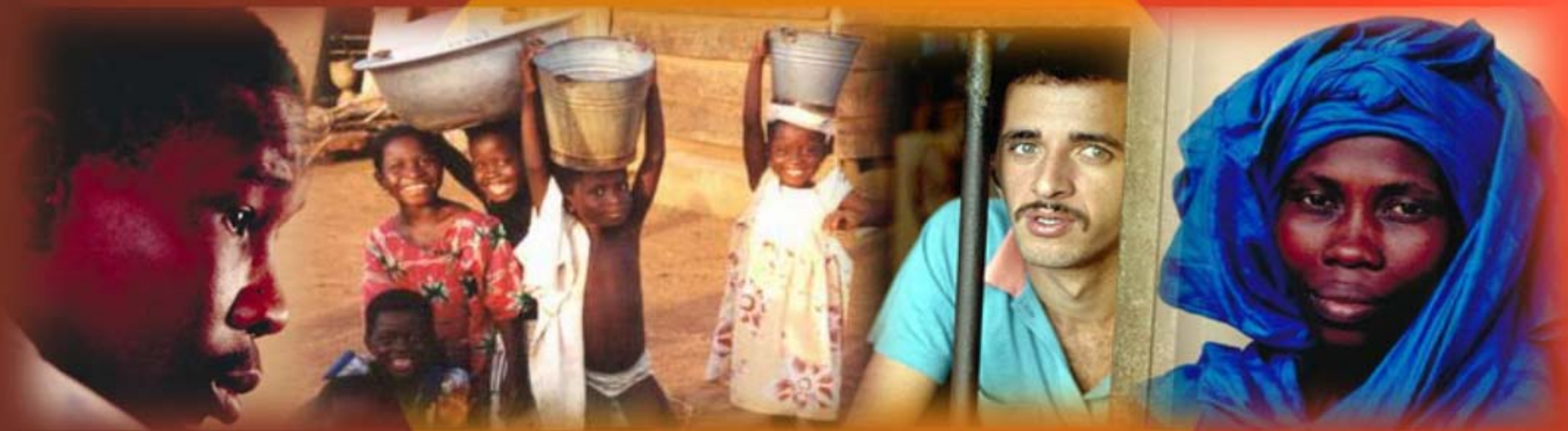


The Global Partnership to Stop TB



stop
TB

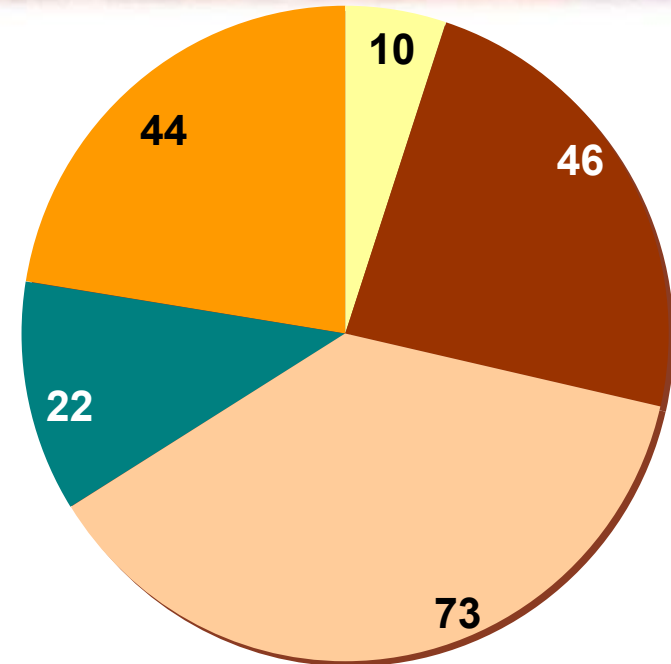
Partners



■ Founding members (Stop TB Initiative)

- American Lung Association
- American Thoracic Society
- Centers for Disease Control and Prevention
- International Union Against TB and Lung Disease
- Royal Netherlands TB Association (KNCV)
- World Health Organization

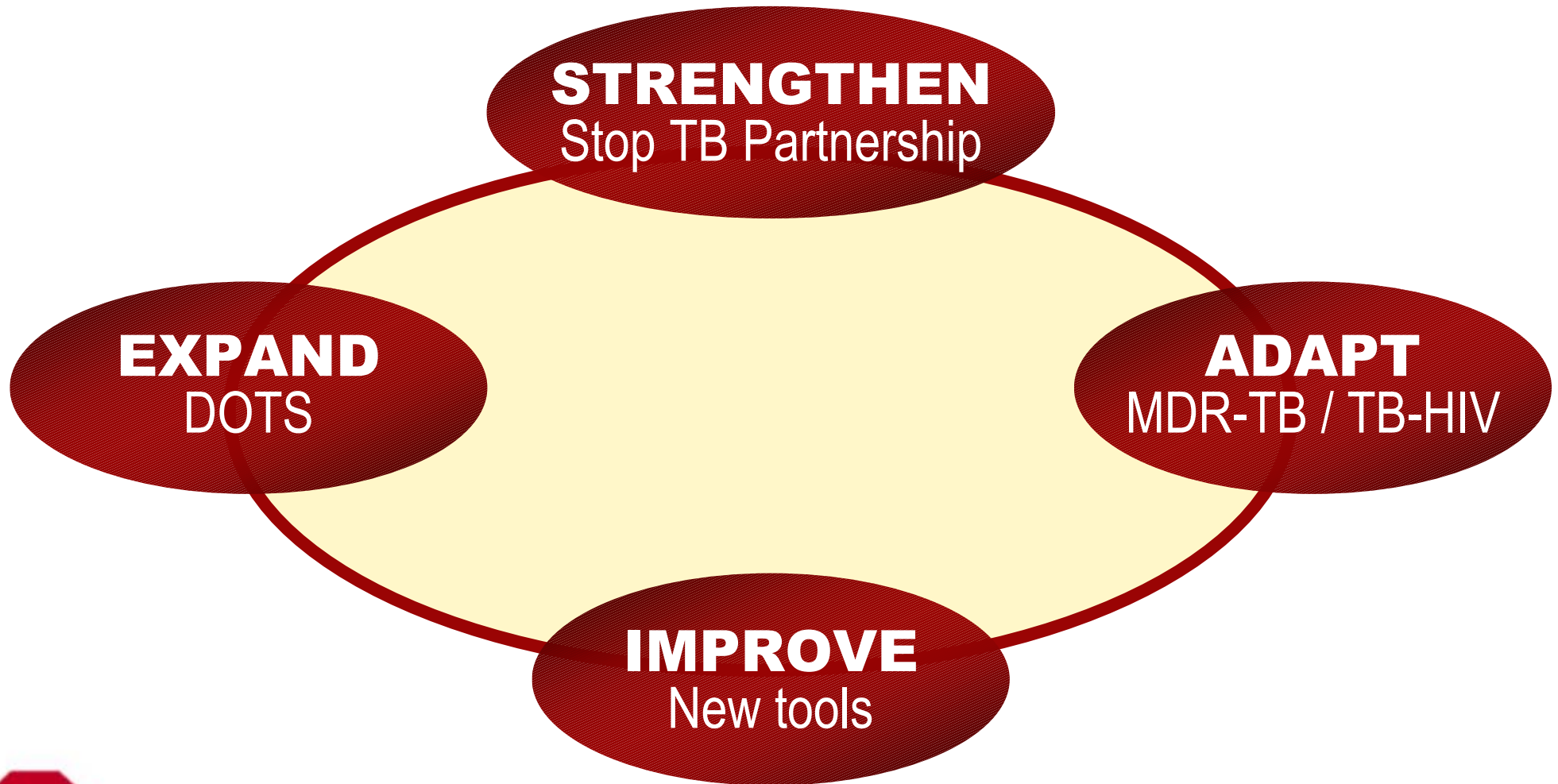
■ **Now about 200
partners & growing**



Stop TB institutional partners by type

- International Organization
- Governmental Organization - Donor or Technical
- NGO or foundation
- High-burden country
- Other

Strategic objectives



THE DOTS STRATEGY



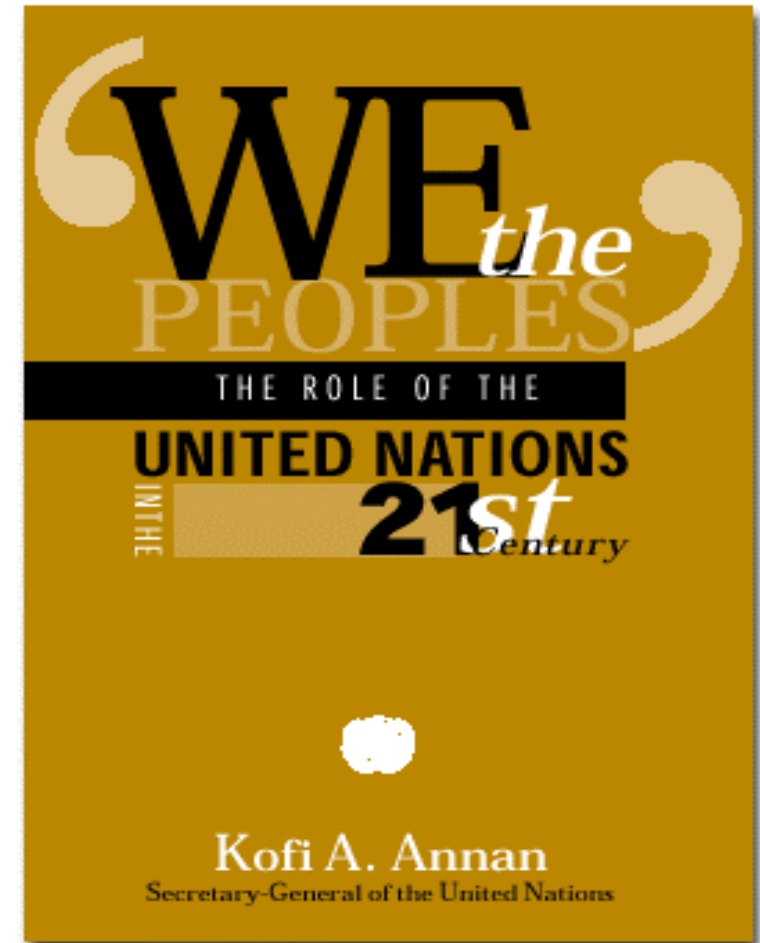
- **Sustained political commitment to program**
- **Diagnosis by smear microscopy**
- **Rifampin-based treatment regimens**
- **Treatment given under direct observation**
- **Consistent supply of drugs and reagents**
- **Cohort analysis of outcomes**



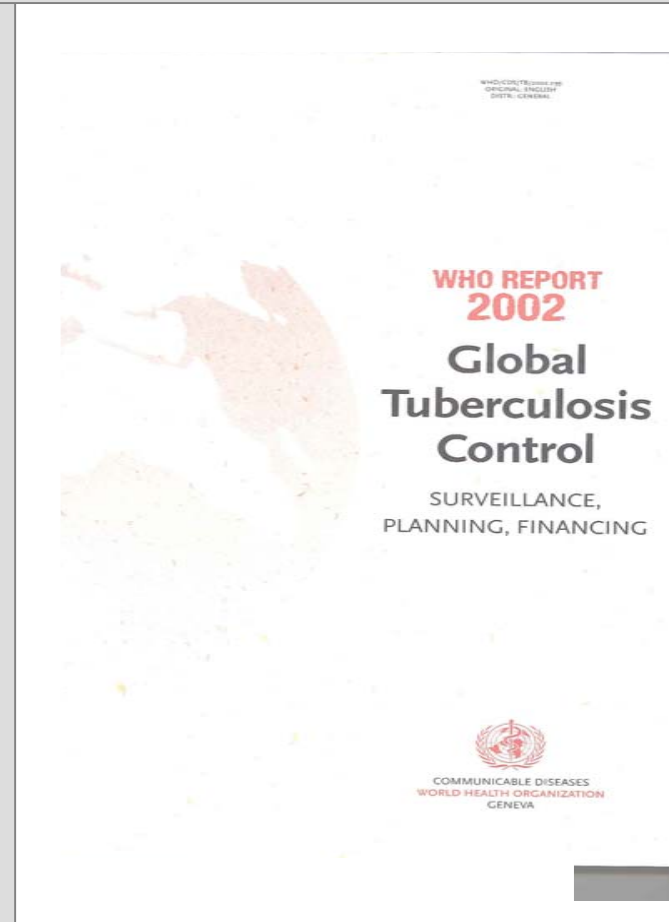
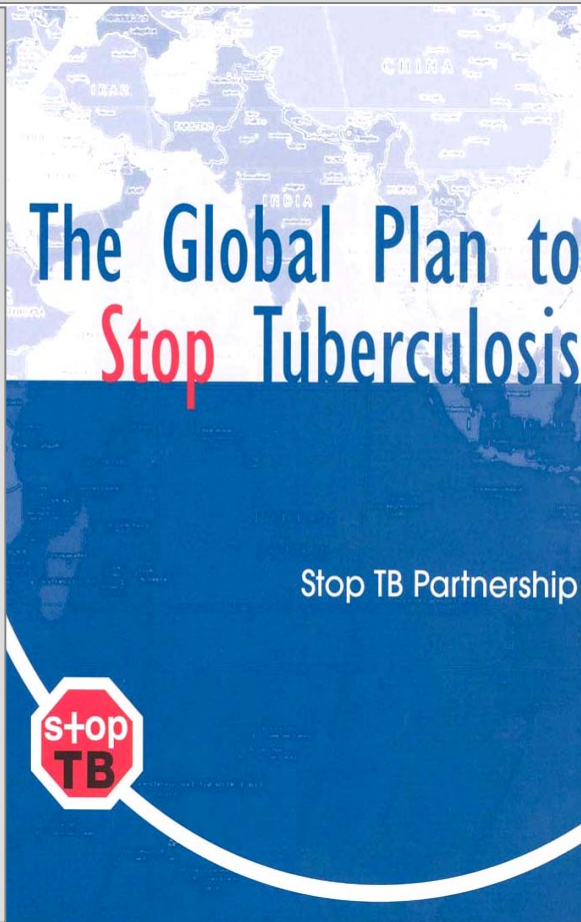
TB on the World Agenda



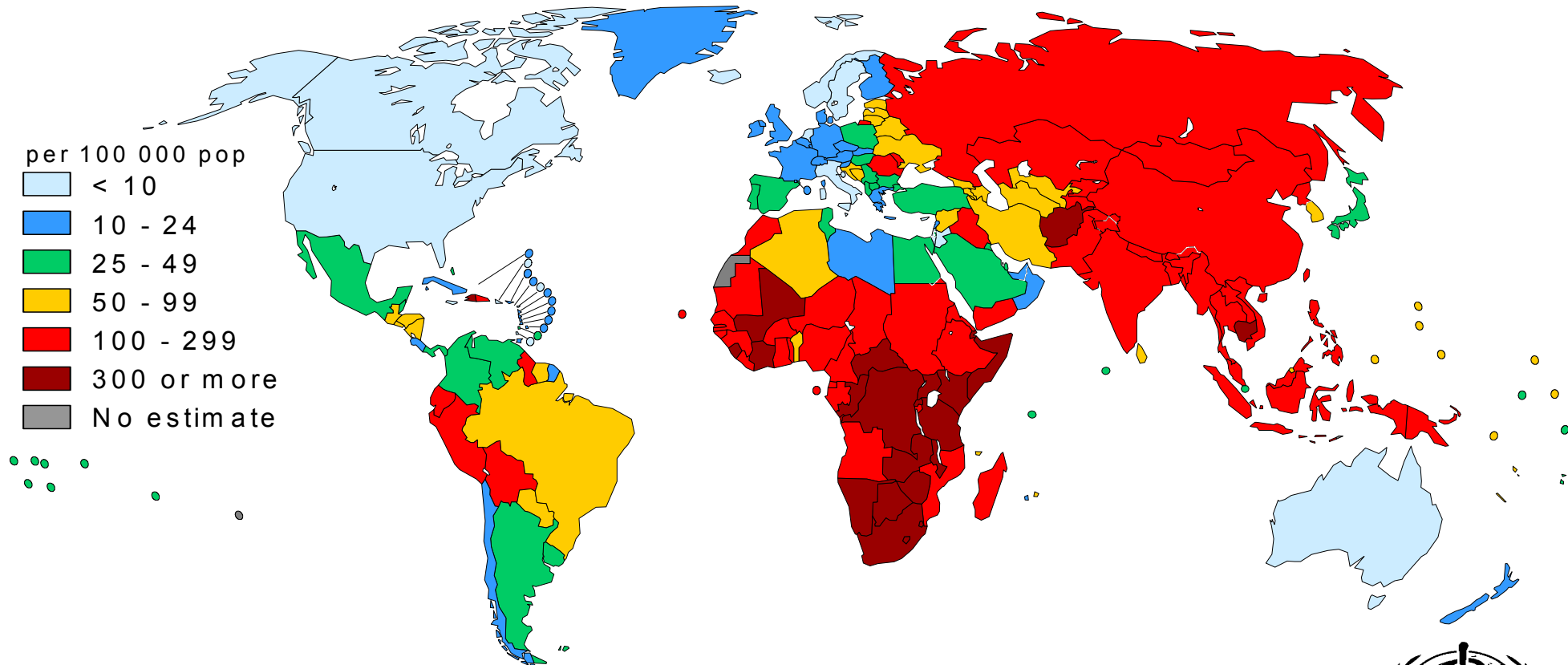
- **Millennium Development Goals**
- **G-8 Summit → Global Fund to Combat AIDS, TB, and Malaria**
- **World Bank projects (9)**
- **Increasing bilateral aid (In US \$0 → ~\$80, 1997-2002)**
- **Agendas of large foundations**



Global Plan and Essential Supporting Documents



Estimated TB Incidence, 2001



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. White lines on maps represent approximate border lines for which there may not yet be full agreement.



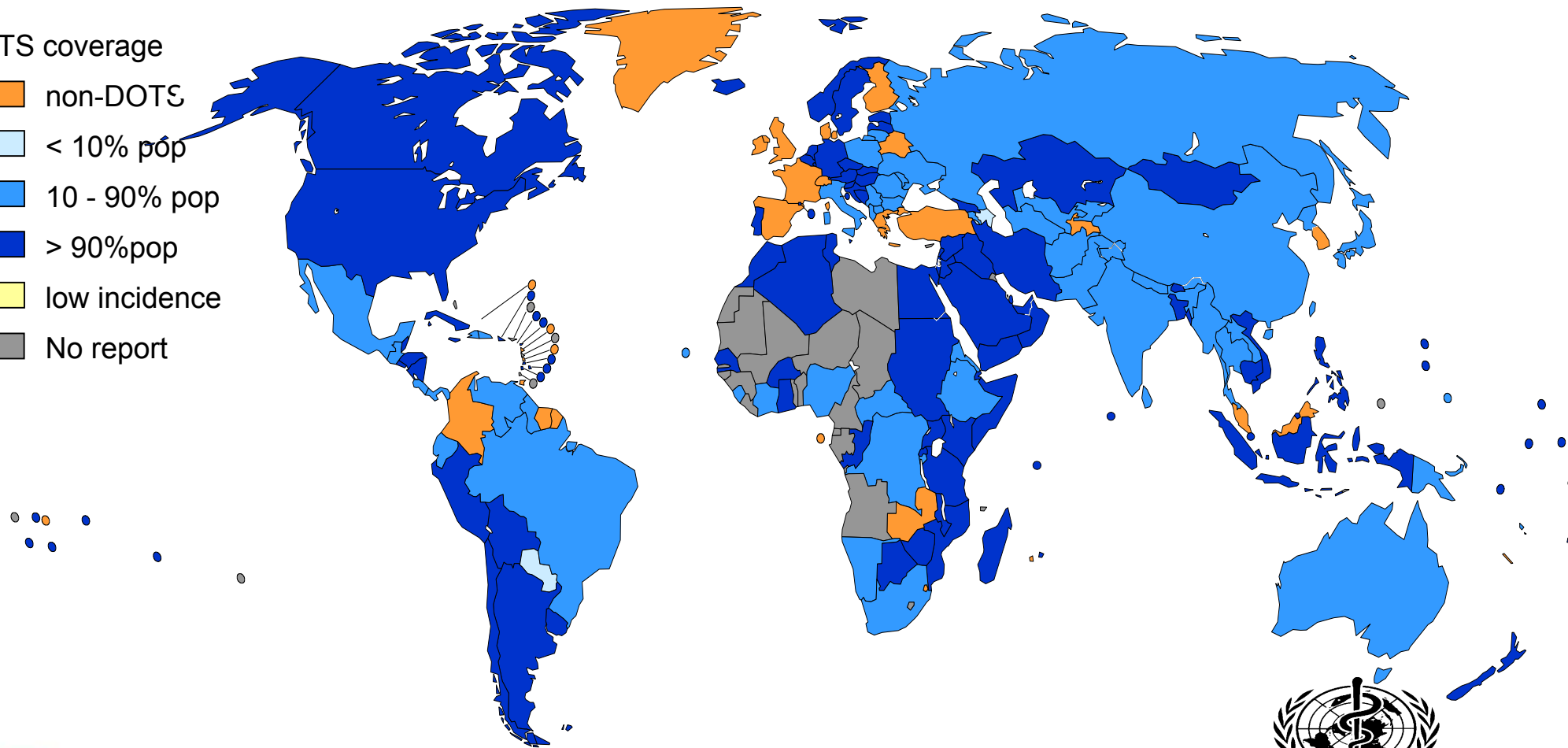
© WHO 2003

Implementation of DOTS, 2001



DOTS coverage

- non-DOTS
- < 10% pop
- 10 - 90% pop
- > 90%pop
- low incidence
- No report



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Goals of Global TB Control, 2005



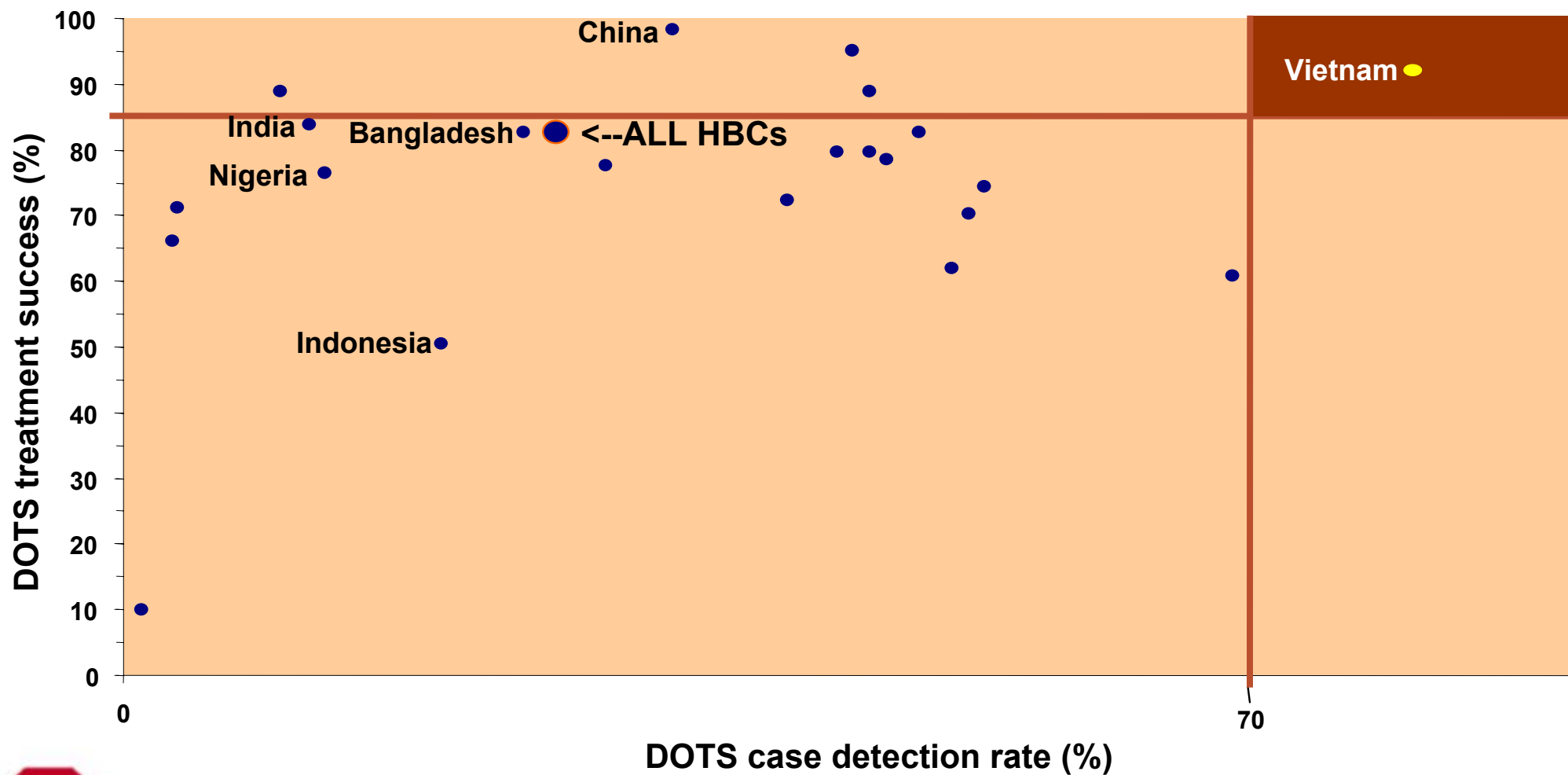
- **Detect 70% of estimated number of new cases**
- **Cure 85% of cases entering treatment**

Progress Toward Goals: 2001

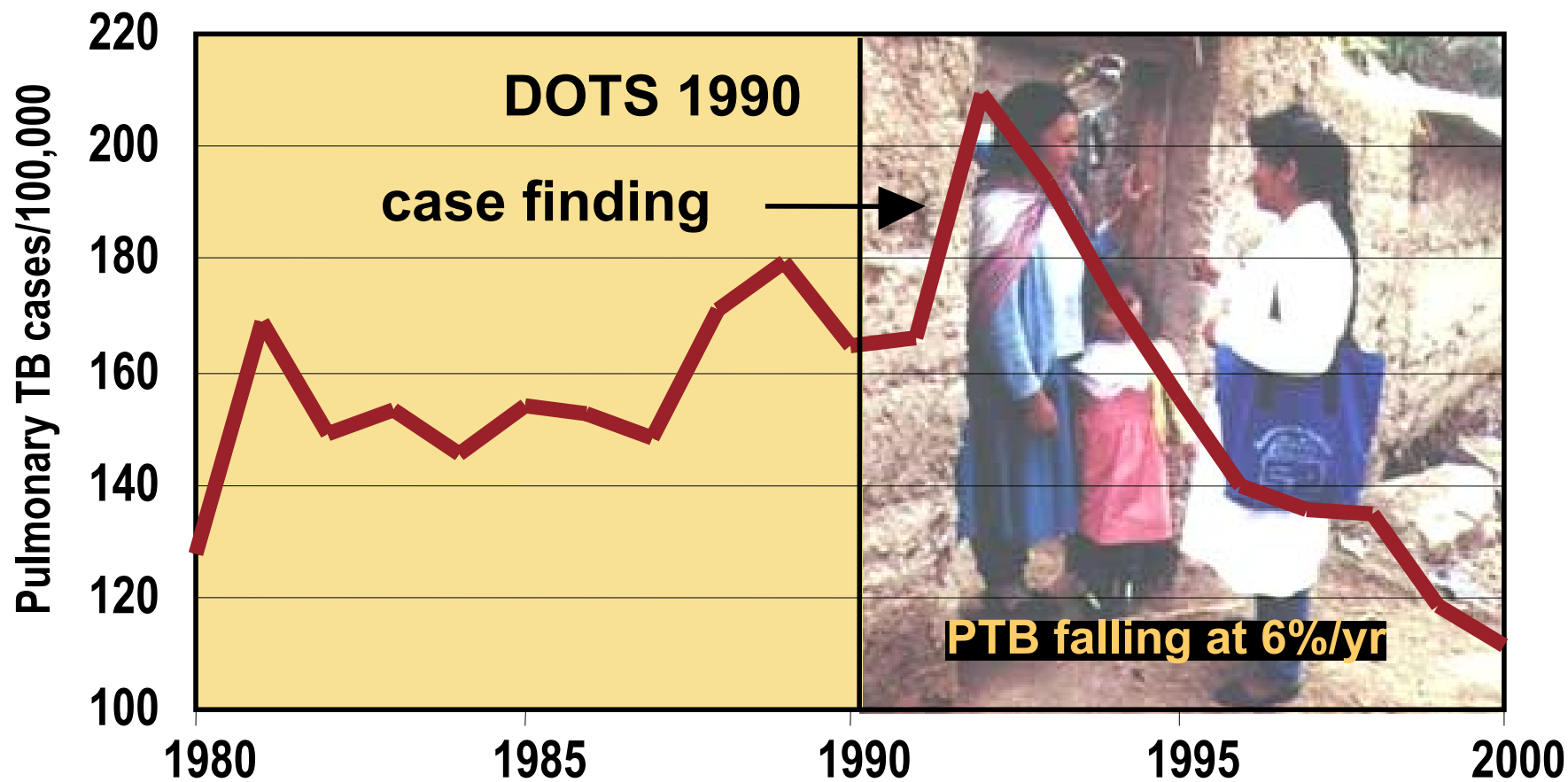


- **Case detection in DOTS programs - 32%**
(increased from 27% 2000)
- **Proportion cured - 82%** (increased from 79% 2000)

Status of TB Control in High-burden Countries, 2000



The Impact of DOTS in Peru



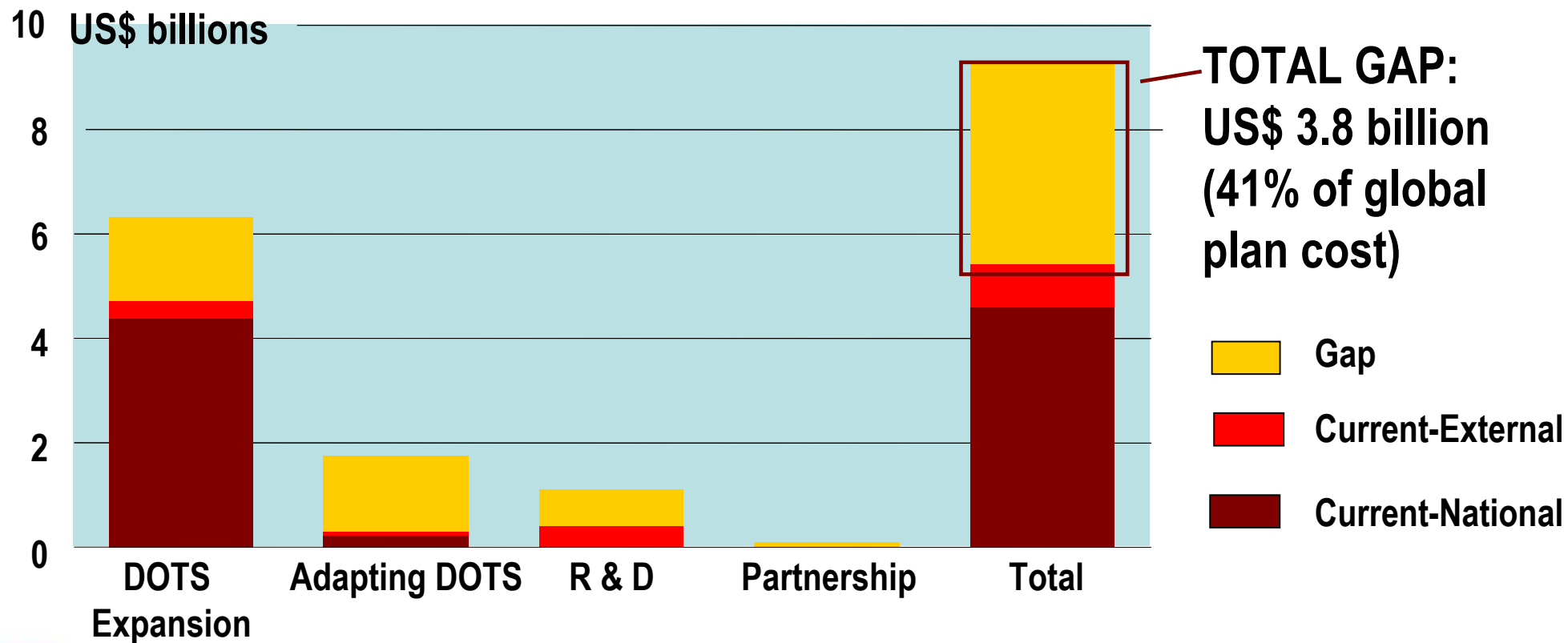
Source: Suarez PG et al. JID 2001; 184: 473-8



Current Resources and Funding Gaps



FUNDING AND GAPS FOR PARTNERSHIP ACTIVITIES, 2001–2005



Promise of Global TB Control



- **Global consensus on strategy (DOTS)**
- **Framework for coordinated global action (Global Plan to Stop TB)**
- **Identification/quantification of needs (Global DOTS Expansion Plan, Annual Reports)**
- **Mechanism for guiding and monitoring global implementation (Stop TB Partnership)**
- **Mechanism for guiding and monitoring research agenda (Stop TB Partnership)**



Towards a TB Free World



High-burden Countries



■ Africa (9)

- Nigeria
- Ethiopia
- S. Africa
- DR Congo
- Kenya
- UR Tanzania
- Uganda
- Mozambique
- Zimbabwe

■ Europe / Americas (2)

- Russian Federation
- Brazil

■ Asia(11)

- India
- China
- Indonesia
- Bangladesh
- Philippines
- Pakistan
- Viet Nam
- Thailand
- Myanmar
- Afghanistan
- Cambodia

Highest-burden Countries

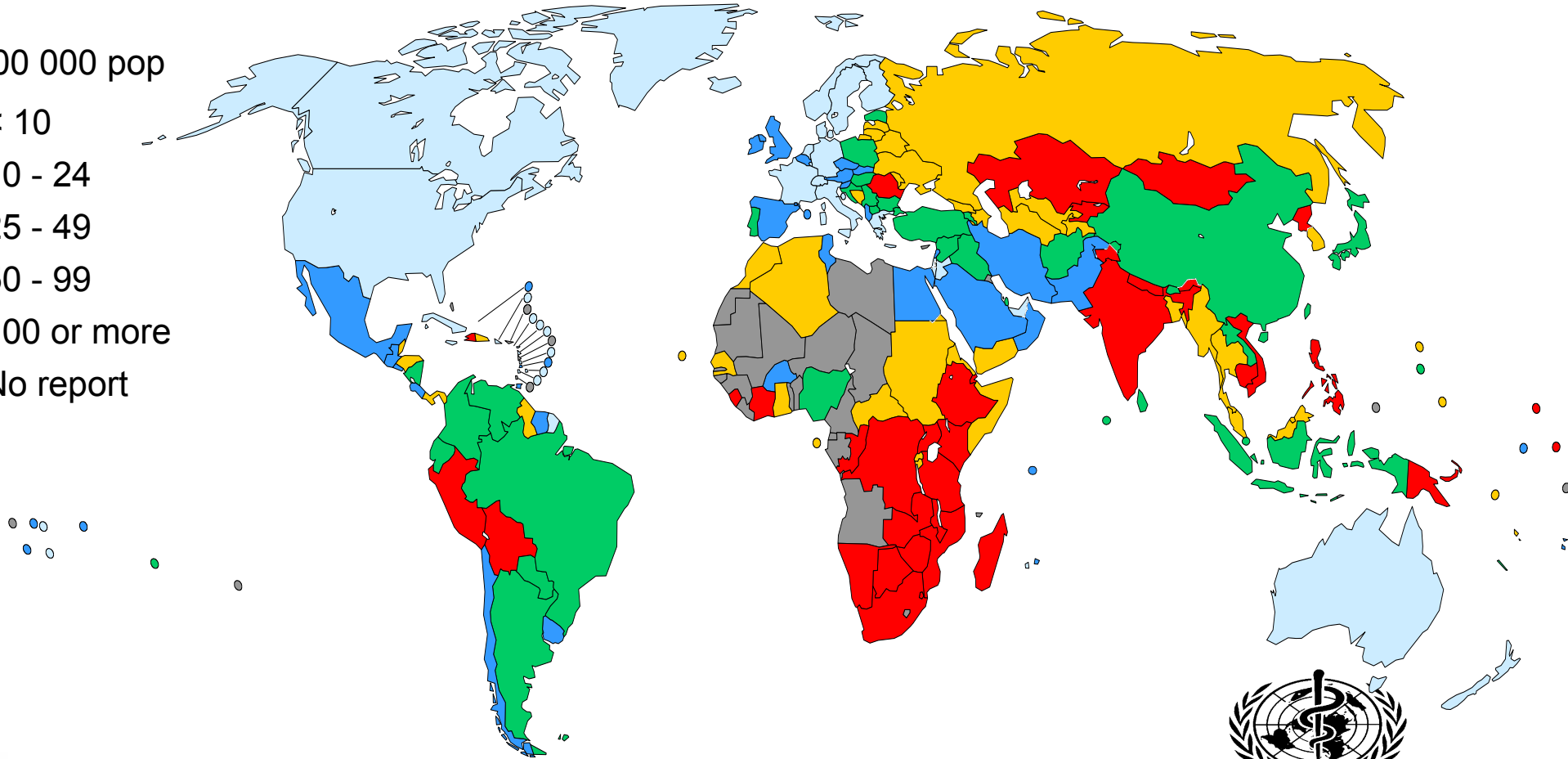


Country	New Cases (000s)	Rate per 100,000	Cum. Proportion of Global Cases (%)
India	1 856	184	21
China	1 365	107	37
Indonesia	595	280	44
Nigeria	347	305	48
Bangladesh	332	242	51
Total 22 HBCs*	6910	183	80
Total Global	8735	144	100

Notified TB Cases, 2001



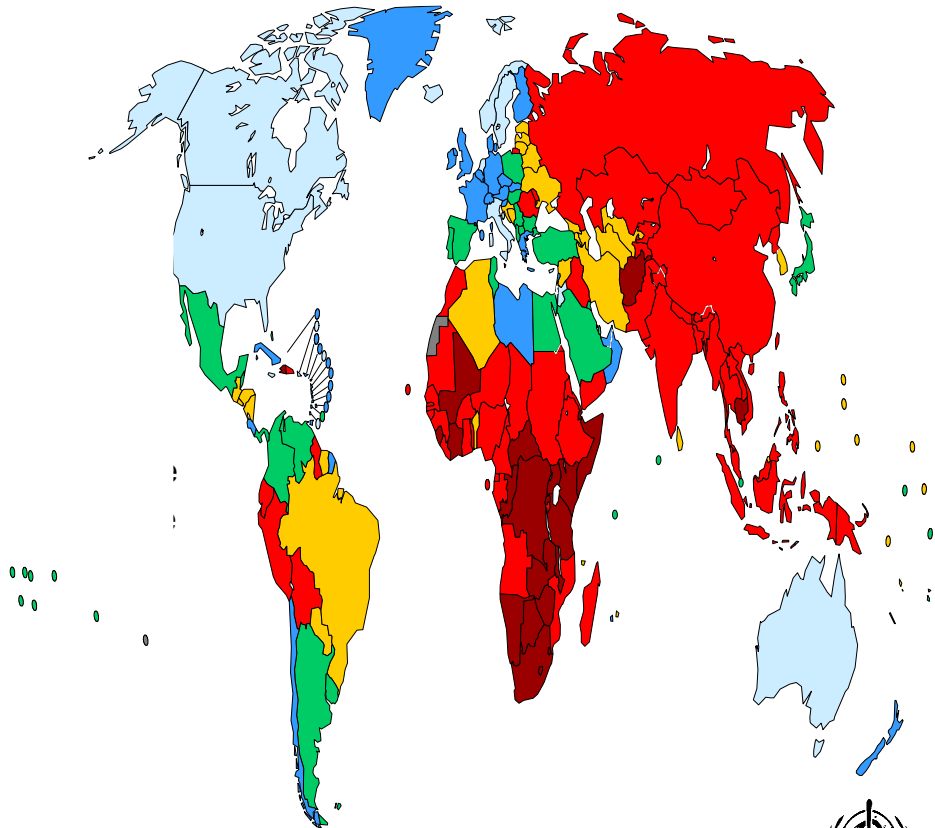
per 100 000 pop



Estimated Vs. Notified Cases



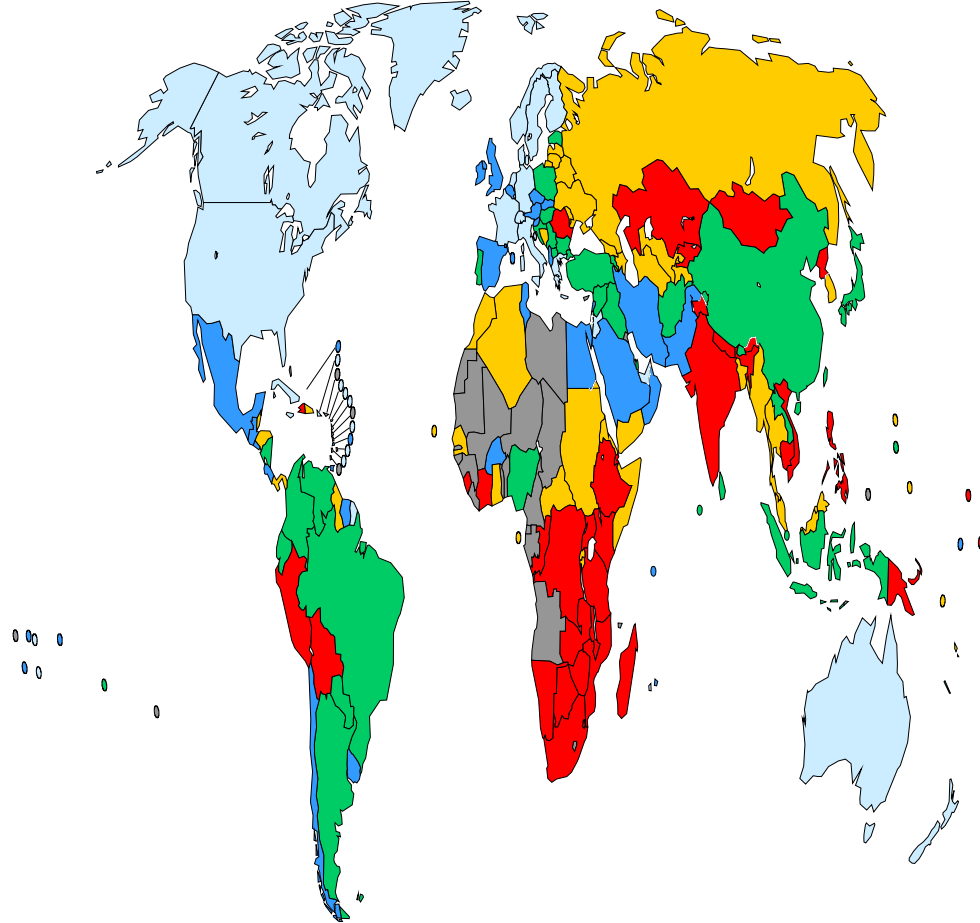
Estimated Cases, 2001



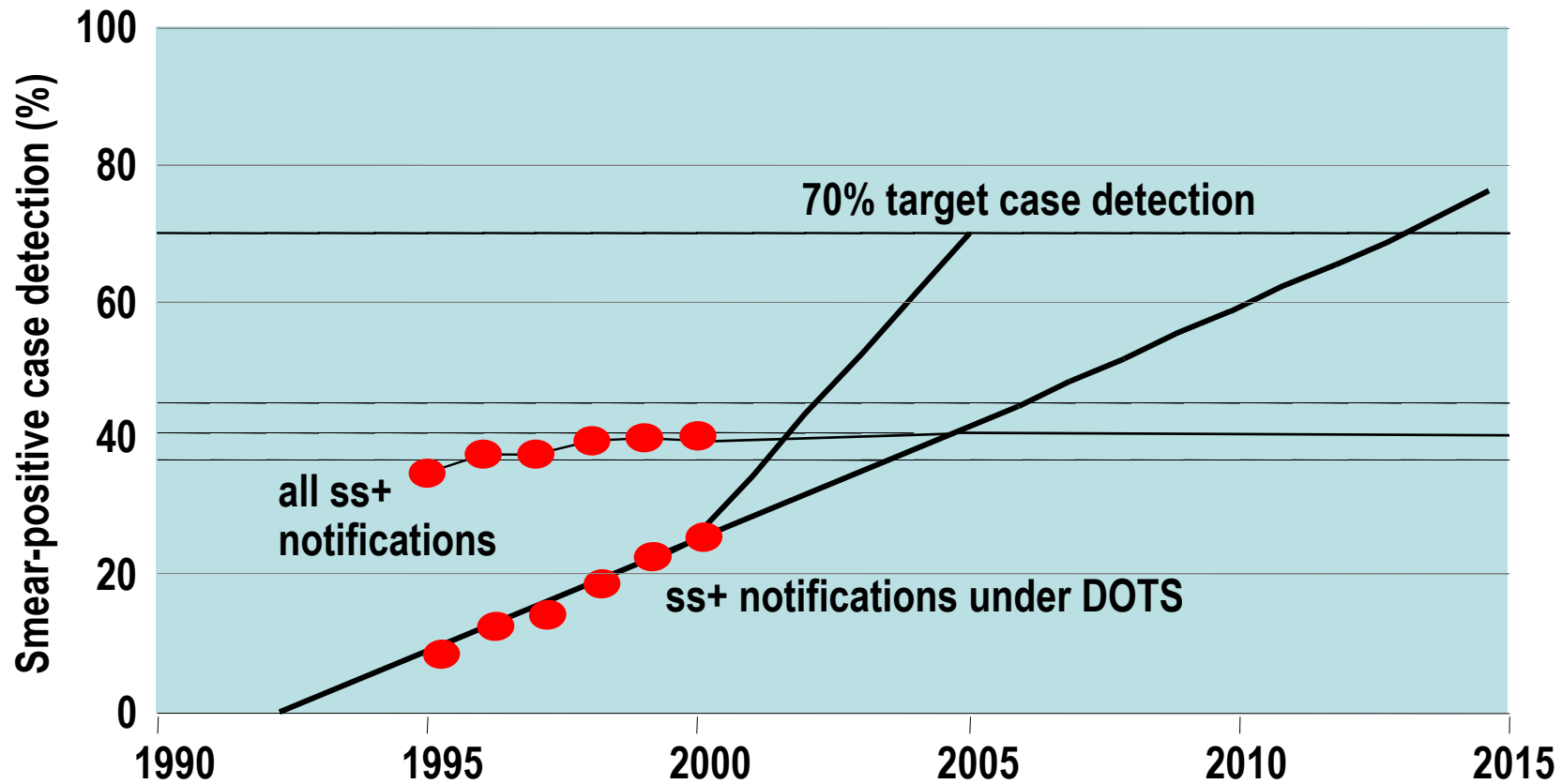
The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. White lines on maps represent approximate border lines for which there may not yet be full agreement.

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Notified Cases, 2001



Case Detection Under DOTS?



High- burden Countries Likely to Meet the Targets by 2005



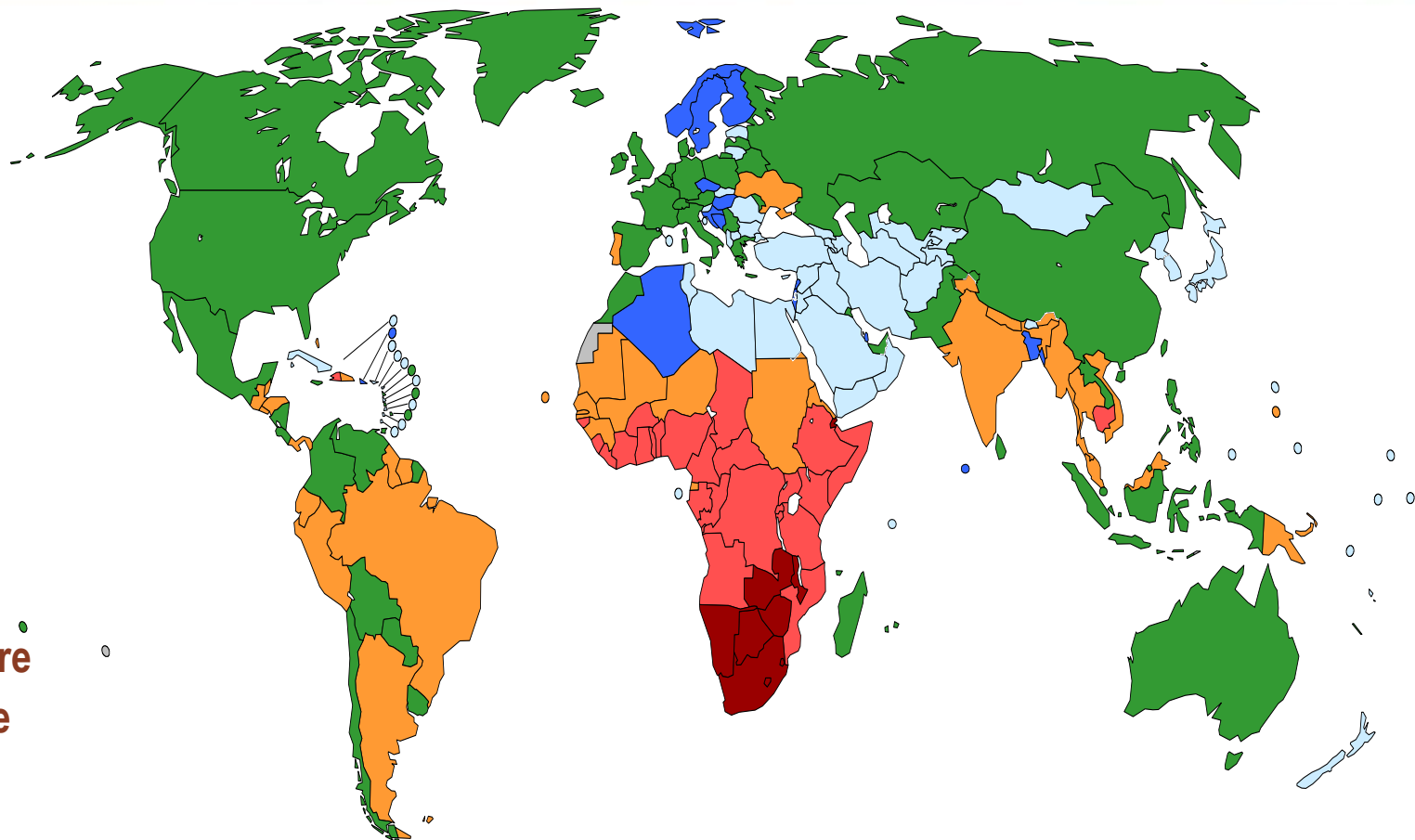
Vietnam
Philippines



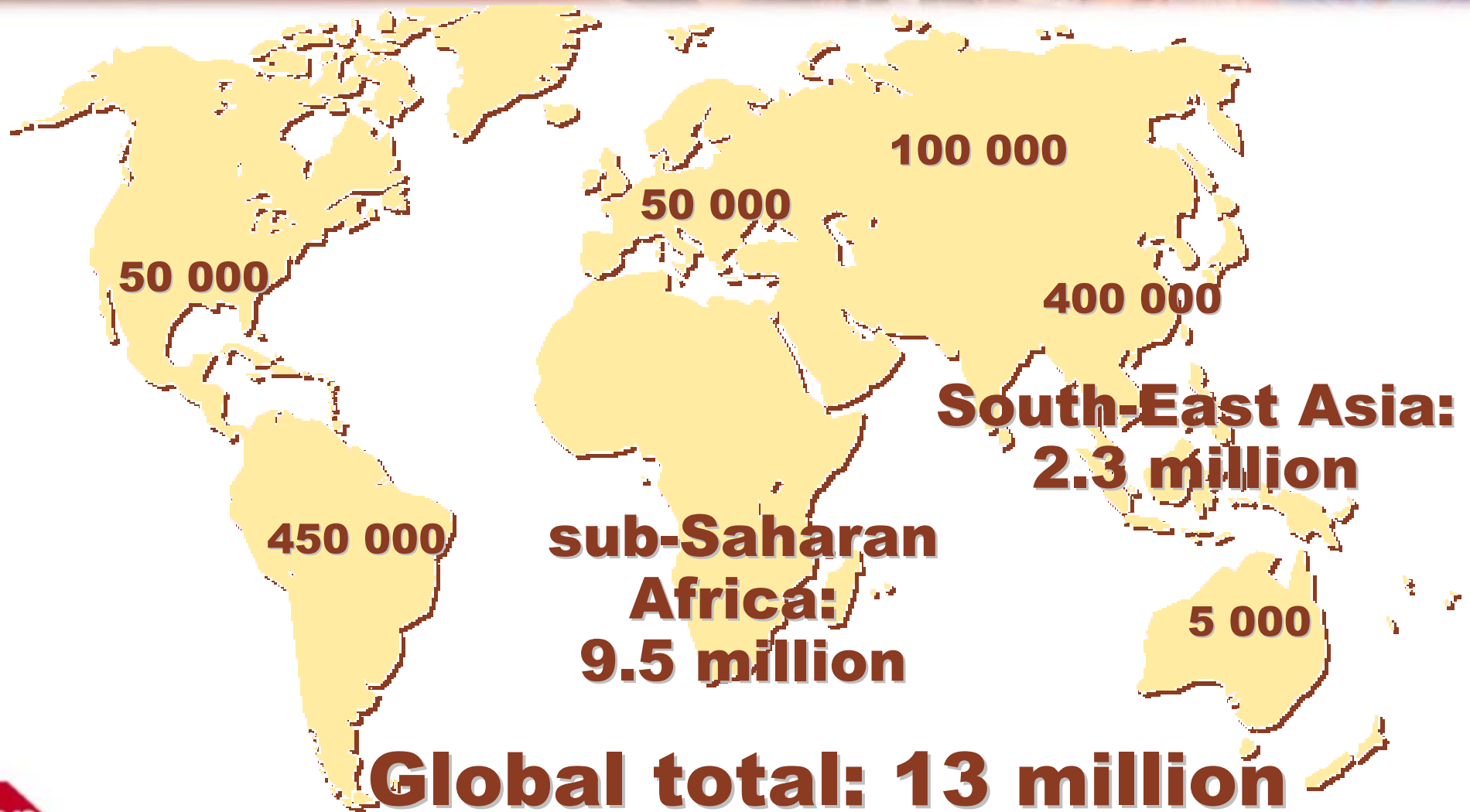
TB-HIV Co-infection Rates, 2000



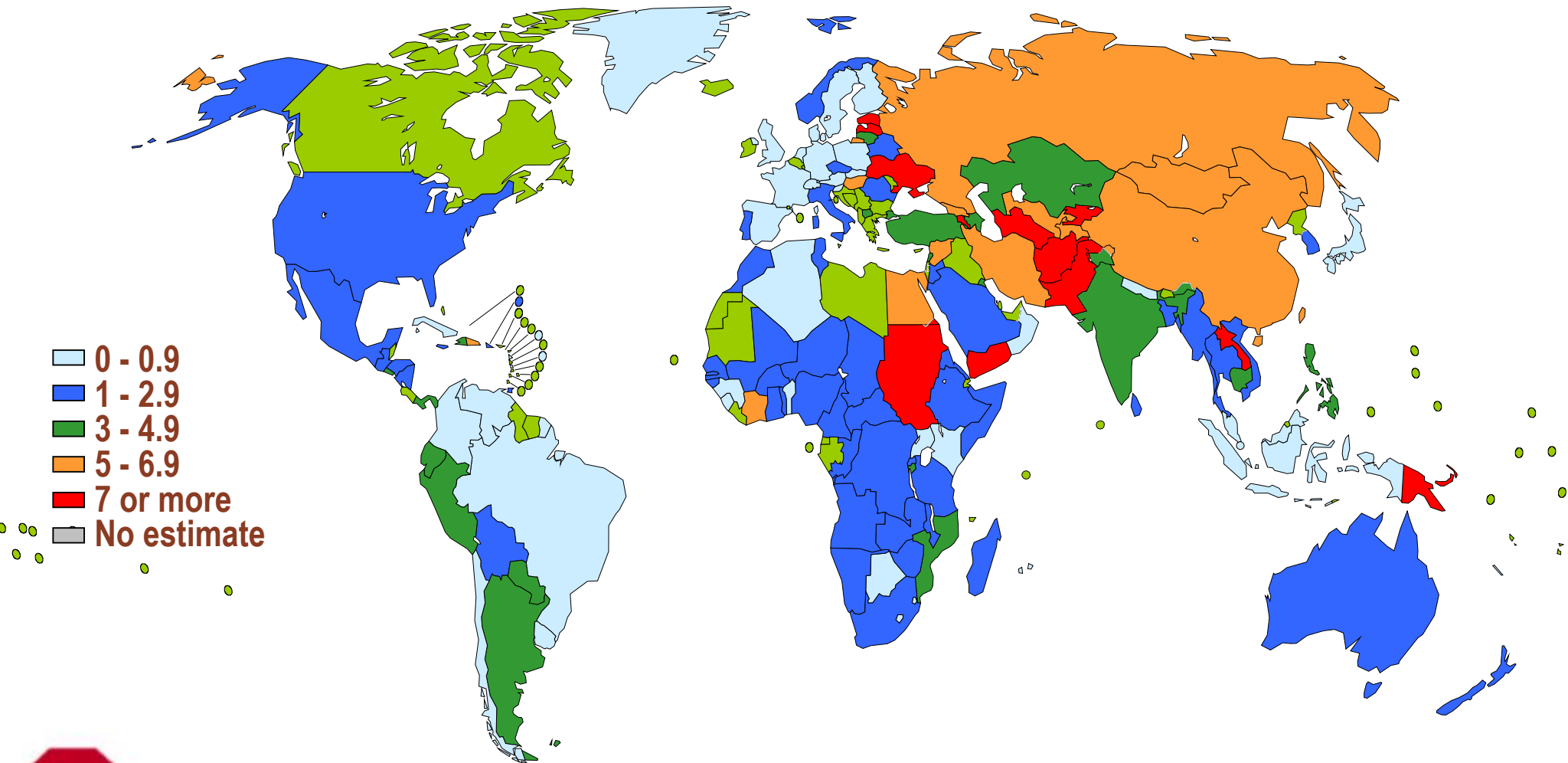
Rate per 100 000



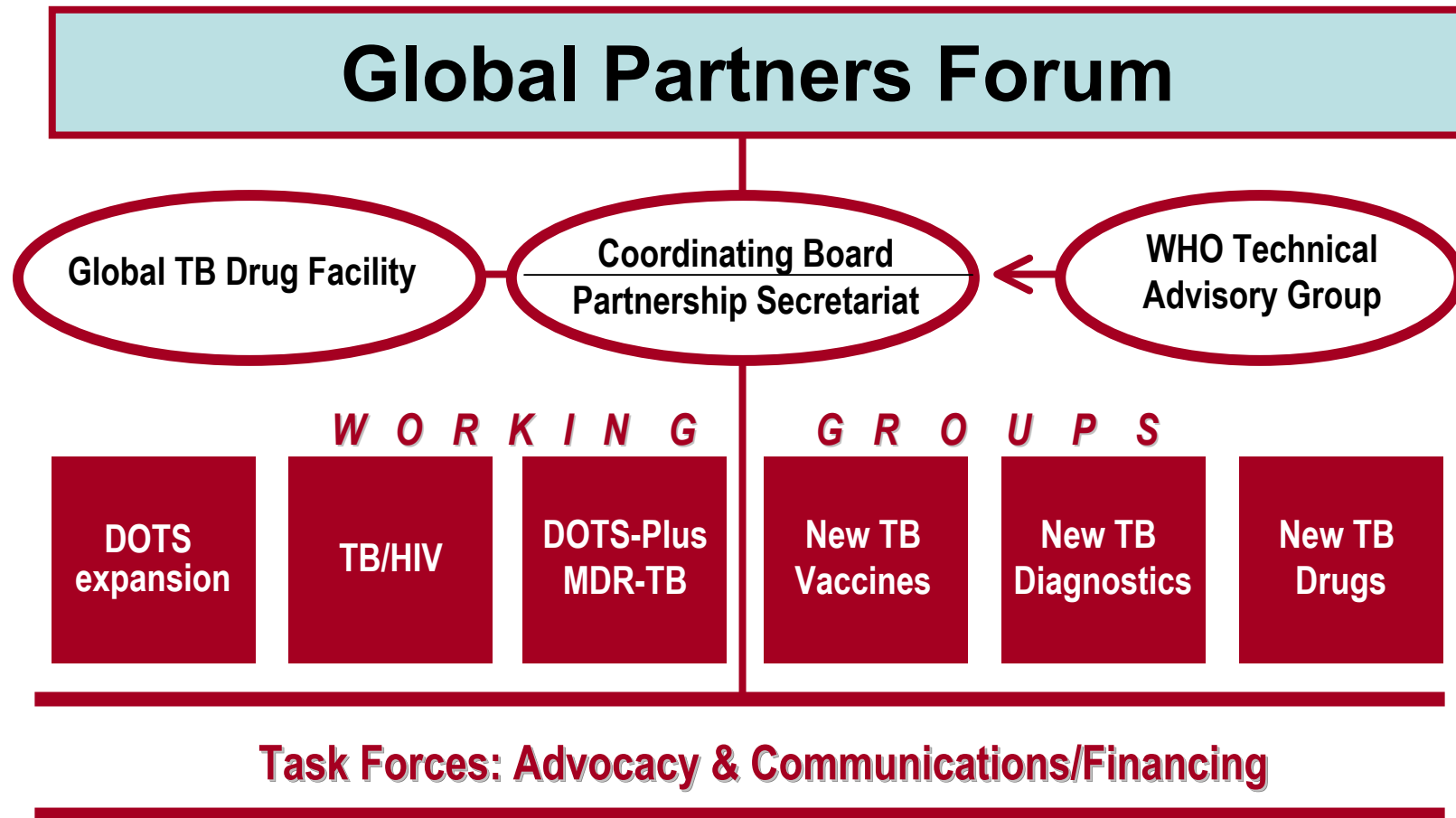
TB-HIV Co-infection, 2000



MDR-TB As a Proportion of New TB, 2000



Structure Of Partnership



Major achievements 2001–2003



- **Global Plan to Stop TB**
- **‘T’ in GFATM**
- **Global DOTS Expansion Plan and National Plans**
- **Strategic Framework for TB/HIV**
- **Green Light Committee (for MDR)**
- **Global Drug Facility (GDF)**
- **Stop TB trust fund**
- **MOU with GFATM**



What is the Global Drug Facility?

- **A novel approach to secure access to high-quality TB drugs to accelerate DOTS expansion, addressing four needs:**

- Resources
- Quality
- Efficient procurement systems
- Standardized products



GDF achievements

- Processed over **50** applications, **33** approved
- Drugs ordered for **21** countries and delivered to **11**
- Drugs committed for **1.6 million** patients
- Drug prices down \cong **30%**
- Average drug cost per patient \cong **\$11**
- Catalyst for standardisation - **FDCs**



Interactions with Global Fund



- **National and global Planning for TB control**
- **Green Light Committee (MDR-TB)**
- **Country support**
- **Technical Assistance to the Fund**
- **Global Drug Facility**
- **Resource mobilization and advocacy**
- **TB/HIV**



Initiatives 2002–2003: a Focus on the Countries



- **Regional and national partnerships**
- **Social mobilization, 'COMBI'**
 - Increase community awareness about TB, thus increasing demand for services and DOTS detection
- **Resource mobilization and political advocacy**
 - Support networks in HBCs to sustain and increase political commitment and resources for TB
- **TB and poverty**
 - Integrate TB into poverty reduction strategies, especially in HIPC



Experiments n Doing Things Differently



- **Pairing of HBCs and partners**
- **Up-front guarantees of support if countries will commit to aggressive new methods to reach case detection targets**
 - Financial and technical support
- **Special grants for innovators in developing new tools**
 - Streamlined application process and reporting requirements
- **Franchising DOTS**
 - Free drugs, information system and training
- **Massive recruitment in building human capacity**

Mail your ideas to: 2005@stoptb.org
or visit www.stoptb.org



The Global Partnership to Stop TB



Vision & Mission



■ VISION

A TB-free world

■ MISSION

- Ensure universal access to effective and appropriate diagnostic tests, therapeutic interventions, and preventive measures
- Facilitate development and implementation of new preventive, diagnostic and therapeutic tools and strategies for TB control



What & Why



WHAT?

- A coordinated, multinational, multisectoral global effort to control TB.

WHY?

- To provide a forum for discussing/developing global consensus in a variety of areas related to TB control
- To provide a mechanism for global advocacy and mobilization of resources
- To identify areas of need and find sources of support to address the need
- To encourage/facilitate a multisectoral approach internationally, regionally, and nationally
- To serve as an incubator (or home) for innovative new approaches





Progress and Promises

Philip C. Hopewell, M.D.

University of California, San Francisco

Stop TB Partnership, Geneva